

# PUBLIC HEALTH REPORTS

VOL. 49

DECEMBER 21, 1934

NO. 51

## CURRENT PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES<sup>1</sup>

November 4 to December 1, 1934

The prevalence of certain important communicable diseases, as indicated by weekly telegraphic reports from State health departments to the United States Public Health Service, is summarized in this report. The underlying statistical data are published weekly in the Public Health Reports, under the section entitled "Prevalence of Disease."

*Influenza.*—During the current 4-week period 3,721 cases of influenza were reported. This number was only about 80 percent of that for the corresponding period last year and compared very favorably with the incidence in 1931 and 1930. In 1932 this period marked the beginning of an epidemiclike wave of influenza. At present there is no indication of any rise above the usual seasonal expectancy in any section of the country. Later reports (week ended December 8) show decreases from the preceding week's figures in the North and South Central areas and slight increases in the Middle Atlantic, South Atlantic, and Pacific areas. The total for all sections was approximately the same as that for the preceding week.

*Poliomyelitis.*—While the number of cases of poliomyelitis dropped more than 50 percent during the 4 weeks ended December 1, the incidence continued on a relatively high level. For the current period there were 332 cases reported, as compared with 268, 177, and 202 for the corresponding period in the years 1933, 1932, and 1929, respectively. In 1931, when an epidemic prevailed, mostly in the East, the number of cases declined during this period, but a large number was still being reported. The same was true in 1930, when an epidemic prevailed mostly in the Western States. The number of cases reported for the period corresponding to the current one in those years was 625 and 866, respectively.

Each geographic area reported fewer cases in the current period than during the preceding 4 weeks, but in all except the New England,

<sup>1</sup> From the Office of Statistical Investigations, U. S. Public Health Service. The numbers of States included for the various diseases are as follows: Typhoid fever, 48; poliomyelitis, 48; meningococcus meningitis, 48; smallpox, 48; measles, 47; diphtheria, 48; scarlet fever, 48; influenza, 43 States and New York City. The District of Columbia is counted as a State in these reports. These summaries include only the 8 important communicable diseases for which the Public Health Service receives regular weekly reports from the State health officers.

Middle Atlantic, and South Atlantic the incidence was higher than that for the same period last year. In the Mountain and Pacific areas, where the disease has been most prevalent, the number of cases for the current period (157) was 3.2 times than for last year. The incidence in the South Central sections was slightly higher than in recent years, and the number of cases reported from each of the North Central groups was 1.4 times that for the corresponding period last year. The New England and Middle Atlantic areas reported the smallest number of cases for this period in recent years, and the South Atlantic States reported about the normal seasonal incidence.

*Measles.*—The number of cases of measles reported for the 4 weeks ended December 1 was 17,222, approximately 10,000 more than occurred during the preceding 4-week period. For the entire reporting area the current incidence was about 65 percent in excess of that for the corresponding period last year and the highest for the period in the 6 years for which data are available. A similar situation existed in each geographic area except the South Atlantic and South Central. In each of those regions the current incidence fell below that for last year but was considerably in excess of the number for each of the 4 preceding years.

*Typhoid fever.*—The incidence of typhoid fever continued to decline. For the 4 weeks ended December 1 there were reported 1,482 cases. In relation to recent years the number of cases was higher than for the corresponding period in 1933 and 1932, but was only about 75 percent of the figure in 1931 and 1930. The New England, Middle Atlantic, and South Atlantic regions reported fewer cases than last year; in other areas the increases ranged from 17 percent in the East North Central section to 50 percent in the West North Central section.

*Scarlet fever.*—The number of cases of scarlet fever (19,141) reported for the current 4 weeks was the highest for this period in the 6 years for which data are available. The East North Central States, where the disease has been unusually prevalent during the current year, reported a 50-percent increase over last year's figure for this period; the Mountain and Pacific section, where the number of cases has also been above the expectancy, reported a 40-percent increase. In other parts of the country the disease was less prevalent than at this time last year.

*Diphtheria.*—The incidence of diphtheria dropped about 10 percent during the current 4-week period as compared with the preceding 4 weeks, suggesting that the peak for the current year was passed during the period September 30–November 3. In each of the 3 preceding years the peak was reached during the 4 weeks corresponding to that period.

Compared with recent years the number of cases during the current year has, since early in the year, been the lowest in the 6 years for which data are available. At its peak the current incidence was only about 70 percent of last year's figure for the same period, as was also the number of cases (5,239) for the 4 weeks ended December 1 in relation to that for the corresponding period last year. Each geographic area has shared in this favorable situation.

*Smallpox.*—The number of cases of smallpox reported for the 4 weeks ended December 1 was 376, as compared with 408, 430, and 1,134 for the corresponding period in the years 1933, 1932, and 1931, respectively. The disease was most prevalent in the North Central and Mountain and Pacific regions. Of the total for the current period, Washington State reported 99, Wisconsin 83, South Dakota, 38, Minnesota 35, and Colorado 15. The New England and Middle Atlantic States remained free from the disease during this period, and only one case was reported from the South Atlantic section.

*Meningococcus meningitis.*—During the current period 129 cases of meningococcus meningitis were reported, approximately 80 percent of the number for the corresponding period last year. For this period in 1932 and 1931 the numbers of cases totaled 221 and 279, respectively. Each geographic area, except the Mountain, reported fewer cases than last year at this time. In that area each State except Montana reported either 1 or 2 cases, making a total of 8 for the area; last year only 2 cases were reported for the entire section, 1 from Idaho and 1 from New Mexico. Decreases in the other sections ranged from 10 percent in the South Central to 35 percent in the East North Central area.

*Mortality, all causes.*—The average mortality rate in large cities, as reported by the Bureau of the Census, for the 4 weeks ended December 1 was 11.1 per 1,000 inhabitants (annual basis). This rate was practically the same as the rates for the corresponding period in the 3 preceding years.

## JOB ANALYSIS OF A RURAL SANITATION OFFICER<sup>1</sup>

Brunswick-Greenville Health Administration Studies No. 2

By J. O. DEAN, *Passed Assistant Surgeon*, and JOSEPH W. MOUNTIN, *Surgeon*,  
*United States Public Health Service*

### INTRODUCTION

In a recent article Mountin<sup>2</sup> pointed out the need for study of health-department practices and described the plan along which such

<sup>1</sup> From Office of Studies of Public Health Methods in cooperation with Division of Domestic Quarantine.

<sup>2</sup> Mountin, J. W.: Effectiveness and Economy of County Health Department Practice. *Pub. Health Rep.*, vol. 46, no. 42, Oct. 19, 1934.

a study was conducted in a rural area. One feature of the study involved the collection and analysis of data relative to the daily activities of staff members of representative health departments. Information of this character has been assembled for each of the members in one rural health department serving Brunswick and Greenville Counties, Virginia, but only that relating to the work of the sanitation officer is presented in this paper, together with certain considerations which have influenced the nature and content of the program.

#### DESCRIPTION OF AREA AND PROGRAM

The population of the area was approximately 34,000, comprising about 6,700 families, according to the 1930 census; 54 percent of the families were colored. The entire area contained 864 square miles and was rural in character. There were only four incorporated places, the populations of which in 1930 were 2,144, 1,629, 365, and 328. Excluding the incorporated places, the density of population was 34 persons per square mile. Almost 60 percent of the area was within a 20-mile radius of Emporia, the county seat of Greenville, where the sanitation officer maintained both his residence and headquarters. The remote sections of the district were 35 to 45 miles from Emporia. It is estimated that 55 percent of the farms adjoined hard-surfaced roads. Communication facilities were not well developed; less than 90 farm homes had telephone service. The area, primarily agricultural, was low in wealth. The assessed valuation was \$15,000,000, the per-capita wealth \$440, and the annual per-capita income less than \$150. A large majority of people could afford only small cash expenditures in the interest of sanitation.

The health department which served this area consisted of 1 full-time medical health officer, 1 sanitation officer, 2 public health nurses, and a part-time clerk. It was organized in 1928. A sanitation program, however, had been in operation from an earlier date.

The promotion of sanitation began in the area in Greenville County, where a sanitation officer was employed in 1920. This officer continued to give full time to the work in that county until 1928, when he became the sanitation officer for the Brunswick-Greenville Health Department. In Brunswick County only a limited amount of sanitation work was performed during the period 1923-28 by a full-time health officer employed exclusively for that county. Since 1928 the sanitation officer has divided his time between the two counties.

The sanitation program was originally directed toward the control of typhoid fever, dysentery, and malaria. Privy building was promoted originally to combat the intestinal group of diseases, and it constituted the principal part of the sanitation program at the time of



this study. Screening of houses and mosquito control measures were first employed rather extensively to prevent malaria. At the time observations were made of the sanitation officer's work, mosquito-control measures were no longer promoted to any great extent except in the village of Emporia. There the mosquito control work was principally maintenance of drainage ditches.

Very little attention was given to safeguarding individual water supplies. Inspections were made at a few roadside establishments, such as gasoline service stations or sandwich stands, when interest in safe water was manifested by the proprietor of the establishment. When the water met the standards specified by the State health department, a sign of approval was given to the establishment for display. A small number of domestic water supplies were inspected upon the request of the occupant, and routinely when cases of typhoid fever occurred in the family. The two larger incorporated places, Lawrenceville and Emporia, had municipal water-purification plants and sewerage systems. The smaller villages and isolated farm homes relied chiefly on dug wells and pit privies. Springs were not infrequently a source of water supply. The sanitation officer collected water samples periodically from the municipal water supplies for analysis by the State health department. The purification plants of Lawrenceville and Emporia were operated by the villages, and no responsibility for supervision was vested in the sanitation officer.

Eight small dairies produced milk for local consumption. The health department secured passage of a milk ordinance by the village councils of Lawrenceville and Emporia, but beyond this exercised no control, since this was a function of the State department of agriculture. Primary responsibility for the control of foods and drugs also rested with the State department of agriculture. The sanitation officer, however, did some food-inspection work in Lawrenceville and Emporia under the general powers of the health officer.

Occasionally the health department was called upon to abate nuisances. Either the health officer or sanitation officer responded, according to the nature of the call.

The sanitation officer seldom took any part in the communicable-disease program except to assist the health officer in the control of rabies.

There was no regular appointed time for staff meetings. It was the custom of the sanitation officer to confer with the health officer only when the occasion demanded, usually when some special advice or assistance was desired. The regional director of sanitation of the State health department spent approximately 1 day each month with the sanitation officer inspecting the privies that had been installed or repaired since his previous visit.

From the foregoing description it will be observed that this area presents many features which are typical of a large number of counties in the southern part of the United States. The State health department regarded the local health department as having a high average rating among the smaller health departments of Virginia, and believed that it would provide an opportunity to study the methods employed by a well-established health department of this type.

#### METHOD OF STUDY

Inasmuch as the records kept by the sanitation officer were primarily for the purpose of reporting volume of work, it was necessary to develop a system of records suitable for both this and study purposes. The development of the record system required a preliminary period of observation to determine the problems encountered by the sanitation officer, together with the arrangement and content of the program. It was found that 2 days each week, usually Tuesday and Friday, were spent in Brunswick County, and the remainder in Greenville County. There was no scheduled division of time between office and field. During summer months one-half day each week was spent on mosquito-control work in Emporia. The routine work was almost exclusively one of excreta-disposal sanitation, which, in turn, consisted almost entirely of promoting the building and repair of privies. Occasionally the regular program was interrupted to perform services of another type. The study, therefore, resolved itself into an analysis of a privy construction and maintenance program.

#### NUMBER OF VISITS

During a period of 6 months which ended June 30, 1933, 2,345 visits were made to 1,533 premises. An average of 1.53 visits was made to each place. Table 1 shows the distribution of premises according to the number of visits each received.

TABLE 1.—*Distribution of the premises visited by the sanitation officer by number of visits made to each during the 6 months ended June 30, 1933*

	Premises receiving specified number of visits							
	1	2	3	4	5	6	7	Total
Number.....	1,021	330	115	57	11	6	3	1,533
Percent.....	66.7	20.9	7.5	3.7	0.7	0.4	0.2	100.0

It will be observed that two-thirds of the premises were seen but a single time. Presumably a number of them had been visited before the study began. It is further presumed that it was the intention of the sanitation officer to visit many of them after the study was

over, since the condition of sanitation for which the premises were inspected was not satisfactory at the completion of the first visit recorded for the study in 75 percent of the cases.

#### TYPE OF PREMISES VISITED

Almost 94 percent, or 1,438, of the places visited were of the household type; 41 food-dispensing establishments, 29 gasoline service stations, 5 schools or churches, and a miscellaneous group of 20 premises made up the remaining 6 percent. Assuming at least one family to a household, 21 percent of all families within the two counties were seen. In the health district there are 90 schools and about an equal number of churches; only 5 of these were seen. However, it should be pointed out that, prior to the study period, the necessary repair or installation of privies had been made in the schools of Brunswick County under the supervision of the sanitation officer. The schools of Greenville County were not visited either during or immediately prior to the study. Although 41 food-dispensing establishments were visited, only 33 were seen for food control. It must be borne in mind that the State department of agriculture was primarily responsible for food control; consequently the health department did not participate in this activity to any great extent. The 29 gasoline service stations represent slightly less than half the number located along the main-traveled highways; at 10 of the 29, attention was given to the water supply; at the remainder it was given to toilet facilities.

#### LOCATION OF PREMISES

About 14 percent of the homes in Brunswick and 32 percent of those in Greenville County were visited. For both counties the percentage was approximately 21.

The number of homes visited in each county was nearly proportional to the division of the sanitation officer's time between the two. However, it was not proportional to the total homes in each county, as shown in table 2.

TABLE 2.—Homes visited and days worked by the sanitation officer compared with the total homes in each county

	Brunswick County		Greenville County		Total for health district	
	Number	Percent	Number	Percent	Number	Percent
Total homes.....	3,948	58.6	2,785	41.5	6,733	100
Homes visited.....	554	28.6	884	61.5	1,438	100
Days worked each week.....	2	36.4	3.5	63.6	5.5	100

The geographical distribution of premises visited is shown in figure 1. The figure shows a considerable concentration of visits to the

central part of Greenville County and the upper part of Brunswick, which cannot be explained on the basis of population. In a short period of 6 months it is not to be expected, of course, that the work would be spread uniformly over the entire district.

Sanitation is generally regarded as more important in village than in isolated rural homes. Approximately 37 percent of the village

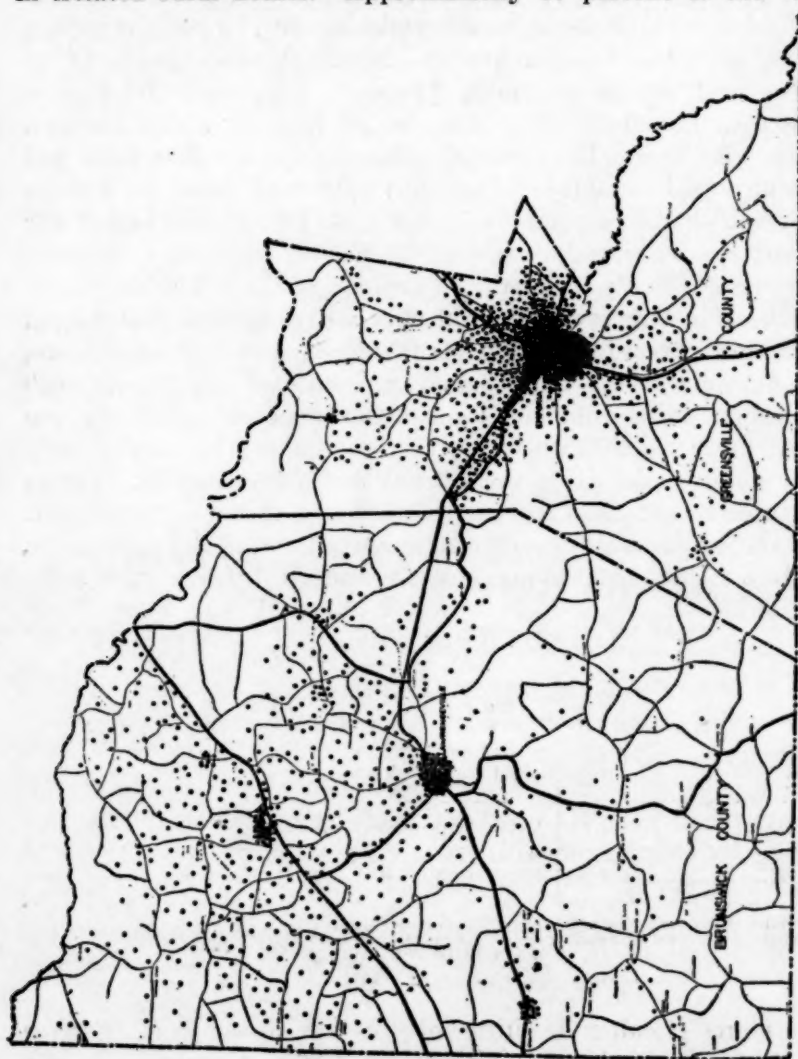


FIGURE 1.—Distribution of 1,533 premises visited by the sanitation officer in a period of six months ending June 30, 1933.

and 18 percent of the rural homes were visited, as shown by table 3. A high proportion of the service to village homes was concentrated in Emporia, where about 60 percent of them were visited, in comparison with 24 percent of the Lawrenceville homes. Unpublished data obtained through a study of 1,009 families in Brunswick and Greenville Counties revealed a larger percentage of unsewered homes



in Emporia than in Lawrenceville; this condition no doubt accounted in part at least for the concentration of service in Emporia.

TABLE 3.—Percentage of village and of isolated rural homes <sup>1</sup> visited by sanitation officer in 6 months ended June 30, 1933

	Location		Total
	Village	Isolated rural home	
Number of homes in area.....	1, 218	5, 515	6, 733
Number of homes visited.....	454	984	1, 438
Percentage of homes visited.....	37.3	17.8	21.4

<sup>1</sup> In computing the percentages of homes visited, it is assumed that each family represents one home or one household premises.

#### COLOR OF OCCUPANTS AND OWNERSHIP OF HOMES

A larger percentage of colored than white homes were seen by the sanitation officer, as shown by table 4. This can be explained in part at least by the fact that attention was centered on the unsewered sections of Lawrenceville and Emporia, which were occupied chiefly by colored families.

Premises occupied by colored owners were selected to some extent in preference to those occupied by colored tenants due, perhaps, to the feeling on the part of the sanitation officer that sanitation improvements would be difficult to obtain among the latter.

TABLE 4.—Percentage of homes visited by the sanitation officer during a 6-month period, the homes classified according to color and tenure of occupants

	Number of homes in health district			Number of homes visited			Percentage of homes visited		
	White	Colored	Total	White	Colored	Total	White	Colored	Total
Tenant.....	1, 321	2, 092	3, 413	216	413	629	16.4	19.7	18.4
Owner.....	1, 684	1, 523	3, 207	286	510	796	17.0	33.5	24.8
Total.....	3, 005	3, 615	6, 733	502	923	1, 438	16.7	25.5	21.4

<sup>1</sup> 113 families of unknown color and tenure included in this total.

<sup>2</sup> 13 families of unknown color and tenure included in this total.

#### SOURCE OF CALL

The source of call or institutor of visit was chosen as an item for study, since it should be an important factor in determining the distribution of service. It should also be a measure of the expressed demands for service.

The source of call or institutor of visits was reported under four categories: Owner or occupant of the premises, health officer, sanitation officer, and miscellaneous source. The sanitation officer was listed as the institutor when the visit was made in pursuit of the

routine program for the promotion of sanitation. During the study, the service was requested by the owner or occupant of 19 premises; 9 premises were visited on direction of the health officer; 19 premises were seen in response to calls from miscellaneous sources; while the remaining 1,486 premises were visited in behalf of the routine program, and from these there were no specific requests.

#### PURPOSE OF VISIT

The emphasis given to privy building and repair over other types of sanitation is illustrated by the fact that only 65 of the 1,533 premises were seen for purposes other than excreta-disposal sanitation. Of the premises visited, 1,468 were seen for excreta-disposal sanitation, 33 for food inspection, 28 for protection of the water supply, 11 for control of rabies, 5 for control of mosquitoes, and 4 for miscellaneous purposes. All premises were visited for a single purpose with the exception of 16, where two or more types of service were rendered. In a general sanitation program a larger number of multiple-purpose visits would be expected, but in this area only one feature of sanitation was emphasized, namely, excreta disposal.

In the further analysis of sanitation which follows, consideration is given entirely to this activity, since other activities were too small in volume for statistical treatment.

#### EXCRETA-DISPOSAL FACILITIES

When the study began, it was stated by the health department that over 90 percent of the premises in the area at one time had been equipped with a satisfactory device for the safe disposal of human excreta—namely, connection to a public sewer, a properly constructed septic tank, or a sanitary privy. A sanitary privy was defined as one constructed and maintained in such a manner as to prevent the access of flies or animals to the contents. All privies constructed under the direction of the health department were of the pit type except for a few box-and-can privies in Emporia.

In a study of 629 isolated rural and 380 village homes<sup>3</sup> the findings corroborated to some extent the statement of the health department. It was found that only 6.2 percent of rural and 0.5 percent of village homes were without excreta-disposal facilities. Of 994 isolated rural and 474 village premises visited by the sanitation officer in connection with his regular program, 10.6 and 2.3 percent, respectively, were without such facilities. It is to be expected that the sanitation officer would find a larger percentage of premises without facilities than were found in the study referred to, since his attention would naturally be directed to them.

<sup>3</sup> Taken from unpublished data collected in a study of 1,000 families in the health district.

There was no record of the number of sewer connections in either Lawrenceville or Emporia, the two villages having public sewers. However, from information based upon a study of 118 families in Lawrenceville and 150 families<sup>3</sup> in Emporia, it may be estimated that there were approximately 500 sewer connections in the two villages. The number of septic tanks in the area was likewise unknown, but from the family study<sup>3</sup> and statements made by the sanitation officer it is estimated that there were approximately 100 septic tanks or cesspools in the two counties. No material increase in the number of sewer connections or septic tanks was effected during the period of study, and those already installed required little or no attention on the part of the sanitation officer. The premises he saw in regard to a sewer connection or septic tank were so few in number that they are treated here the same as though having privy facilities instead.

#### CONDITION OF EXCRETA-DISPOSAL FACILITIES

For purposes of local administration, excreta-disposal facilities were divided into four classes:

None, if no facilities were available on the premises.

Sanitary, if access of flies or animals to contents was prevented, but repairs were needed.

Insanitary, if access of flies or animals to contents was not prevented.

Approved, if sanitary and in good repair.

During the study period, 1,468 premises were visited in the promotion of excreta-disposal sanitation. Among this group of premises the privy was practically the only device used. The excreta-disposal facilities which were found have been separated into the above administrative classes, and the data are presented in table 5. It will be noted that only 11 percent, or 167, of the number visited were in the approved class, and at the remaining 1,301 premises new construction or repairs were indicated.

TABLE 5.—*Class of excreta-disposal facilities found on the premises by the sanitation officer at the time of first recorded visit for the study*

	Class of excreta-disposal facilities				Total
	Approved	Sanitary	Insanitary	None	
Number.....	167	90	1,095	116	1,468
Percent.....	11.4	6.1	74.6	7.9	100.0

Facilities for the safe disposal of excreta that had been constructed or rebuilt within recent months were classed as "new"; those that had been in use several months or longer were classed as "old." Under this classification 90 premises had new and 1,262 had old

<sup>3</sup> Taken from unpublished data collected in a study of 1,000 families in the health district.

facilities; 116 had none. The condition was reported insanitary at 33 of the premises with new and at 1,062 of those with old facilities.

Frequently new privies were reported insanitary because they had been put into use without completing the construction work necessary to prevent access of flies or animals to the pit. Deterioration accounted for the large percentage of old privies being classed as insanitary. From the data presented above, it is apparent that the problem was largely one of repair or replacement of old privies. Relatively few premises were without a privy or other approved method of excreta disposal.

#### CONTENT AND EFFECT OF VISIT

*First recorded visit.*—Thus far in discussing the excreta-disposal sanitation program, only the condition found on the premises has been discussed. From here on consideration will be given to the services rendered by the sanitation officer and the effect of his visits. Since two-thirds of the premises were seen but once, the only measure of effect for these is the change in the condition of the privy that was brought about at the time of the visit. Where two or more visits were recorded, the condition found at one visit can be contrasted with that at another.

Whenever a privy was found that required only a few simple repairs to restore it to the approved class, it was the practice of the sanitation officer to make these repairs rather than to ask the owner or occupant of the premises to do so. This obviated the necessity of a return visit to determine whether the work had been done. As a result of this practice, privies at 203 premises were repaired at the time of the first recorded visit. The repairs made by the sanitation officer on these premises are enumerated in table 6.

TABLE 6.—*Privy repairs made at 203 premises by the sanitation officer*

Type of repair	Number	Percent	Type of repair	Number	Percent
Lid or hinges.....	169	83.3	Vent pipe.....	10	4.9
Screen in vent pipe.....	162	79.8	Roof.....	3	1.5
Flashing of roof.....	142	70.0	Other.....	8	3.9
Seat box or riser.....	15	7.4			

It may be noted from the table that the seat lid, screen, and roof were the parts of the privy most frequently unsatisfactory in this group. The condition of the excreta-disposal facilities both before and after the repairs were made by the sanitation officer is shown by table 7. This table also shows the condition found at the remaining premises. It can be seen that, after the completion of the first visit, repair or construction of a privy or other approved device for excreta disposal was needed at 1,098 premises, or 75 percent of the number



visited. Recommendations and instructions concerning the work to be done at these premises were left with the owner or occupant.

TABLE 7.—*Status of excreta-disposal facilities before and after the first recorded visit by the sanitation officer to 1,468 premises*

	Class of excreta-disposal facilities			Total	
	None	Insanitary	Sanitary but needing repairs	Number	Percentage of 1,468
Number of premises where no repair or construction of excreta-disposal facilities was needed.....				167	11.4
Number of premises where either repair or construction was needed.....	116	1,095	90	1,301	88.6
Number of premises where the necessary repairs were made by the sanitation officer.....		175	28	203	13.8
Number of premises where repair or construction was needed after completion of the first recorded visit...	116	920	62	1,098	74.8

The extent of deterioration occurring in the privies of this area is shown by the fact that the most frequent recommendation was a new privy. This recommendation was made at 37.5 percent of the 1,468 premises visited. Furthermore, deterioration was found in parts most essential from the standpoint of sanitation, namely, the riser and seat box. The recommendations given are listed in table 8.

TABLE 8.—*Recommendations made by the sanitation officer for repair or construction of excreta-disposal facilities at 1,098 premises*

Recommendation	Number	Percent	Recommendation	Number	Percent
New privy.....	551	37.5	New pit and curb.....	89	6.1
Riser or seat box.....	239	16.3	Flash roof.....	72	4.9
Roof.....	172	11.7	Floor.....	40	2.7
Mound.....	114	7.8	Vent pipe.....	23	1.6
Screen in vent pipe.....	105	7.2	Miscellaneous.....	41	2.8
Lid or hinges.....	99	6.7			

*Subsequent recorded visits.*—Presumably revisits were indicated for 1,098 premises, or all of those premises at which recommendations were made; during the study, which covered a period of 6 months, return visits were made to 43 percent of this number.

The number of return visits to a given place varied from 1 to 6; however, almost two-thirds of this group received but 1 return visit, as shown by table 9.

TABLE 9.—*Number of revisits for excreta-disposal sanitation during the 6-month period ended June 30, 1933*

	Number of return visits						Total
	1	2	3	4	5	6	
Number of premises.....	308	107	45	11	6	3	480
Percentage of premises.....	64.2	22.3	9.4	2.3	1.2	0.6	100.0

Revisits were made most frequently to premises having no privy or other device for safe excreta disposal; consequently it may be assumed that the sanitation officer selected premises for revisits on the basis of need. This is further borne out by data presented in table 10.

TABLE 10.—*Number and percentage of premises revisited by sanitation officer in a period of 6 months ended June 30, 1933, the premises classified according to excreta-disposal facilities found at time of first visit*

	Class of excreta-disposal facilities				Grand total	
	Approved	Repair or construction needed				
		Sanitary	Insanitary	No facilities		Total
Number of premises visited .....	370	62	920	116	1,098	1,468
Number of premises revisited .....	19	16	389	56	461	480
Percentage of premises revisited .....	5.1	25.8	42.3	48.2	42.0	32.7

Other factors which may influence the selection of premises for subsequent visits are ownership and location and color of occupant. The information assembled on these possible factors is presented in table 11.

TABLE 11.—*Number and percentage of premises needing construction or repair of excreta-disposal facilities that were revisited by sanitation officer, classified by color, tenure, and location of premises*

Premises needing construction, or repair of excreta-disposal facilities	Color		Tenure		Location	
	White	Colored	Tenant	Owner	Village	Isolated rural
Total number visited.....	384	702	526	572	329	769
Number revisited.....	161	360	196	265	122	339
Percent revisited.....	41.8	42.7	37.3	46.3	37.1	44.1

Color does not appear to have been a factor, since the percentages of white and colored homes seen more than once were essentially the same. Ownership and location of premises apparently did exert some influence, since the sanitation officer tended to return to premises owned by the occupant and those located in rural areas.

The percentage of premises receiving more than one visit is also influenced to some extent by the length of the study period. Had the study period been longer than 6 months, more than 42 percent of the premises needing further attention would have been seen again. This point is substantiated by the findings presented in table 12, which show that the percentage of return visits reached a maximum in the last month of the study; consequently a longer period of time would have given a greater proportion of revisits. This suggests

that relatively long intervals elapsed between many of the succeeding visits. A sample of 717 intervals between visits to 480 premises was examined for the elapsed time, and the findings are presented in table 13. The elapsed time was found to be 30 days or longer in two-thirds of the visits, and 60 days or more for one-fourth of them.

TABLE 12.—*Number of premises visited by the sanitation officer each month and the number which had been seen at some preceding visit during the study period*

	Month					
	January	February	March	April	May	June
Number of premises visited during the month.....	402	267	425	298	392	312
Number of premises visited during the month which had been previously visited during the study.....		56	132	134	146	143
Percentage of premises visited during the month which had been previously visited during the study.....		21.0	31.1	45.0	37.2	45.8

TABLE 13.—*Distribution of intervals for 717 revisits made by the sanitation officer*

	Interval between visits										Total
	Under 10 days	10 to 19 days	20 to 29 days	30 to 39 days	40 to 49 days	50 to 59 days	60 to 69 days	70 to 79 days	80 to 89 days	Over 90 days	
Number.....	19	95	124	124	89	77	49	45	21	74	717
Percent.....	2.7	13.2	17.3	17.3	12.4	10.7	6.8	6.3	2.9	10.3	100.0

The condition of excreta-disposal facilities on completion of the last recorded visit has been contrasted with the condition at the time of the first. This contrast may be observed in table 14.

TABLE 14.—*Status of excreta-disposal facilities at the time of the first and last visit by the sanitation officer on 480 premises where more than 1 visit was made during the 6-month period of study*

	Class of excreta-disposal facilities									
	Number of premises					Percentage of premises				
	Repair or construction needed				Grand total	Repair or construction needed				Grand total
	Approved	Sanitary	Insanitary	No facilities		Approved	Sanitary	Insanitary	No facilities	
First visit.....	19	16	389	56	461	4.0	3.3	81.0	11.7	100.0
Last visit.....	152	8	281	39	328	31.6	1.7	58.6	8.1	100.0

The data presented in this table show that the number of premises needing improvements was reduced from 461 to 328. The sanitation officer contributed directly to this change in sanitation status by making repairs at the time of his last visit at 86 premises. Other repairs were made by the owner or occupant. The repairs made by the sanitation officer are enumerated in table 15. In this table, as

in table 6, it is seen that the seat lid, screen, and roof were the parts of a privy he repaired most frequently.

TABLE 15.—*Repairs of privy or other device for excreta disposal made by the sanitation officer at return visits to 86 premises*

Type of repair	Number	Type of repair	Number
Lid or hinges.....	71	Vent.....	5
Flashing of roof.....	58	Roof.....	1
Screen in vent pipe.....	50	Other.....	10
Seat or riser.....	6		

#### TIME ANALYSIS

During the study period of 6 months there were approximately 140 working days; the equivalent of 98 full working days were spent visiting premises in the interest of privy sanitation; 31 days were devoted to miscellaneous duties; and 11 days were reported as off duty. The time spent on reports and with the regional director of sanitation may be credited to the privy program. The types of work performed during the 31 days on miscellaneous duty are shown in table 16.

TABLE 16.—*Time spent by the sanitation officer on duties of a miscellaneous nature during the study period*

Nature of work	Time spent	Nature of work	Time spent
	<i>Days</i>		<i>Days</i>
Mosquito work in Emporia.....	7.5	Visits to premises for purposes other than privy sanitation.....	3.0
Rabies control.....	4.5	Inspecting food-dispensing establishments.....	1.0
Monthly reports and time spent with regional director.....	13.0	Total.....	31.0
Transporting patient to hospital.....	1.0		
Conferences with health officer.....	1.0		

When engaged exclusively on privy sanitation work, the average elapsed time per visit, including travel, was 15 minutes. On an average, 24 premises were visited for each day in Brunswick County, in comparison with about 21 for Greenville. The lower average reported for Greenville County can be attributed in large measure to the greater amount of time which was spent on miscellaneous duties.

#### SUMMARY

The work of one sanitation officer in a rural health district containing 6,733 homes was studied for a period of 6 months. The sanitation program, which had been in operation for 10 years, concerned itself almost exclusively with facilities for excreta disposal; maintenance of privies was the major activity. Out of approximately 140 working days, 98 were devoted to privy sanitation, 31 to miscellaneous duties, and 11 were reported as off duty.



In 6 months, 2,345 visits were made to 1,533 premises; two-thirds of the premises were seen but once. Twenty-one percent of all homes in the area were visited. The work of the sanitation officer was concentrated to some extent among village, colored, and owner families.

Among 1,468 premises visited for privy sanitation, 116 were found to have no excreta-disposal facilities at all; 1,095 had privies of the insanitary class; 90, of the sanitary; and 167, of the approved class. During the visit first recorded for the study, the sanitation officer repaired 203 privies. Instructions were left with the owner or occupant to make the necessary changes at the remaining 1,098 premises. Revisits were made to 42 percent of these premises, and at 134 the needed repair or construction was effected.

The elapsed time was 30 days or longer between two-thirds of the visits, and 60 days or more between one-fourth of them.

---

### PSYCHIATRIC ASPECTS OF JOB PLACEMENT <sup>1</sup>

By J. G. WILSON, *Senior Surgeon, United States Public Health Service, Chief Medical Officer, U.S. Northeastern Penitentiary, Lewisburg, Pa.*

As I conceive it, the psychiatric aspects of job placement fall under two main headings, namely, (1) the satisfactory adjustment of the prisoner within the walls and (2) his satisfactory readjustment when released. Although the latter is probably more important than the first, it is with the first that we are primarily concerned, and I shall, therefore, confine my few remarks to it.

From the psychiatric standpoint, all prisoners can be roughly classified under the following heads:

- I. Normal;
- II. Psychotic;
- III. Psychoneurotic;
- IV. Psychopathic personality;
- V. Feeble-minded.

Of course, a more extensive and minutely descriptive classification can be made, which will include drug addicts, epileptics, post-encephalitic personalities, and a variety of character defects accompanied by some definite mental or physical abnormality; but when individuals coming under one of these more specifically defined classes are carefully studied, they will be found classifiable also under one of the five general headings mentioned.

*I. Normal.*—When the psychiatric report (which should also include the findings of the psychologist) indicates that the prisoner falls into the normal group, his job placement should be made solely

---

<sup>1</sup> Presented at the Conference on Medical and Psychiatric Services of the Federal Penal and Correctional System, held at Springfield, Mo., Sept. 13-15, 1934.

with reference to his character, ability, inclination, and vocational aptitudes, whenever the purely custodial and institutional maintenance requirements allow.

*II. Psychotic.*—The job placement of the frankly psychotic class should be made primarily with reference to occupational therapy. Vocational training and profitable utilization of the services of such prisoners should be entirely secondary to the main object, which is the cure of the psychosis.

*III. Psychoneurotics.*—Psychoneurotics constitute the most difficult problem so far as job placement within the institution is concerned. Each case must be studied individually and an effort made to place the man at work which is interesting and will tend to take his mind off his obsessions, compulsions, and undue anxieties about his various bodily functions and so-called "psychogenic" disorders.

*IV. Psychopathic personality.*—Individuals with psychopathic personality may or may not be difficult to place on a satisfactory job. Persons of this type, in our experience, frequently get along better in prison than out; but in those instances in which intense egocentrism takes the form of stealing, lying, violence, or conniving in order to accomplish their selfish ends, the problem of the psychopathic personality is even more acute than that of the psychoneurotic.

*V. The feeble-minded.*—It is in the wrong placement of the feeble-minded that the greatest amount of damage can probably be done; and, as the time for the discussion is short, I shall especially emphasize only the problem of the proper job for this type of prisoner.

By the feeble-minded I mean, for the purpose of this discussion, those persons whose I. Q. is under 75, as determined by the Terman modification of the Binet-Simon tests on a 15-year level. We have found by experience, both in the Atlanta and Lewisburg Federal institutions, that men with an I. Q. falling within these lower levels are especially likely to get into trouble, even though they may be emotionally stable, plausible in their conversation, and apparently cooperative. These men get into difficulties more frequently than others because of their innate lack of common sense. When confronted by new situations, they are unable properly to weigh the consequences of their actions. However amiable, plausible, industrious, and cooperative they may appear, their judgment is invariably poor in complicated or unusual situations. The things they are most likely to do which will upset the discipline of the prison and throw discredit upon its organization are as follows: (1) Run away when made trusties; (2) yield to the sexual advances of the aggressive "wolf"; (3) allow themselves to be used as tools in the conniving of more intelligent prisoners; and (4) make serious or embarrassing mistakes when placed on jobs requiring adult intelligence.

The time is too short for me to support the foregoing categorical assertions by illustrations, but I can assure you that there are in the medical and psychiatric records of both Federal institutions with which I am acquainted numerous instances which fully substantiate them.

It may very properly be contended that the same general statements apply equally to the normal, psychoneurotic, and the psychopathic personality—that these men may also connive, run away when made trustees, and fail in the proper execution of their daily tasks. While I grant that this is true, I wish to emphasize the fact that we must necessarily make a diagnosis of psychoneurotic and psychopathic personalities largely through trial and error. No tests have yet been devised which will enable the psychologist definitely to state that this man is psychoneurotic and that man psychopathic, in terms which can be measured with anything near the accuracy approaching that with which we measure a man's native intelligence, or common ordinary "horse sense."

Although it is admitted that the I. Q. is not an absolutely accurate means whereby to estimate a man's common sense or to predict what he will or will not do when confronted with a new or unusual situation, I maintain that it is sufficiently accurate to warrant the unqualified respect of administrative and custodial heads, and that no man with an I. Q. falling under 75 should ever be placed in a position where unusual temptations may occur. Specifically, he should never be made a full trusty, a hospital nurse, laboratory technician, clothing-room clerk, store-house employee, or given any other assignment except one under which he can be adequately supervised and constantly watched.

In conclusion, I fully realize that my discussion of this very interesting subject has been chiefly confined to its psychological aspects; but, as intimated before, I have done this purposely because I believe that we are in a position to make definite recommendations and possibly lay down general rules governing job placements of men with low I. Q.'s, whereas every case of psychopathic personality, psychoneurosis, and normal intelligence must necessarily be made the subject of individual study and the final opinion reserved until we learn how the inmate actually conducts himself on the job.

In other words, we are compelled to take some risk in the job placement of every prisoner except the feeble-minded. In his case it is unnecessary. Therefore, why take it?

## EXPERIMENTAL PSITTACOSIS IN THE POCKET GOPHER—A CORRECTION

An error appeared in the first sentence on page 1415 of the Public Health Reports for November 30, 1934. As printed, the statement read: "From the time of Ritter's recognition and report of psittacosis as a clinical entity in 1879 to the widespread epidemic of 1929-30, the disease was considered one peculiar to parrots alone and incapable of being transmitted to man." The latter part of this sentence should have read, "and capable of being transmitted to man."

---

### COURT DECISION ON PUBLIC HEALTH

*Statute concerning return of bakery products held unconstitutional.*—(Wisconsin Supreme Court; *State v. McKune*, 255 N. W. 916; decided June 26, 1934.) Section 352.56(3) of the Wisconsin Statutes provided as follows:

No person, or the servant or agent of any person, shall, directly or indirectly, return or accept the return or exchange of any bakery products that have been delivered or received for the purpose of sale, nor shall any consideration be given by any person in lieu of the return or exchange of such bakery products. The provisions of this subsection shall not prevent the return or exchange by any person of bakery products having marked defects as to preparation or quality that would cause persons desiring to purchase such articles of average quality to reject such defective articles, nor shall it prevent the giving of any consideration in lieu of an exchange of such defective bakery products.

In a prosecution for violation of this section it was asserted that the enactment was discriminatory, in that the vendor of bakery goods could not purchase them, although any other person could. This was claimed to constitute a discrimination as between buyers that had no foundation in a legitimate or reasonable classification. The court said that the question was "whether an act, which allows a dealer to sell his product, either for immediate consumption or for further distribution, to any and every person except the one from whom he purchased it, constitutes an unreasonable classification and a discrimination against one particular potential buyer and in favor of all others." In holding that the law was unconstitutional on this ground, the court said:

The expressed purpose of the statute is to prevent contamination and waste. Disregarding the latter purpose for the present, it seeks to prevent contamination in two ways: First, by preventing taking back goods which have been previously handled and placing them with fresh goods in the trucks of the baker; and, second, by preventing the redistribution of these goods to other retailers. We do not rule against the worthiness or legitimacy of this purpose, but we do hold that the legislature has no right to pick out of a broad general class, that is, dealers in



bakery products, one single person and prohibit that person from doing that which every other member of the class is free to do merely because he happened to be the one who originally sold the goods to the dealer.

The law as enacted seeks to deprive the wholesaler of the right to regain possession of his goods, to buy them back, or to make a contract to induce the sale of a certain quantity of goods by agreeing to credit the customer with some amount to be determined on the basis of supplies left unsold. There is nothing in the act to prevent customers from purchasing the goods, taking them to their homes where disease may exist, and returning them to the dealer, who may sell them to someone else. There is nothing to prevent the dealer, denied the right to return the goods to the bakery, from passing them on himself to others. There is nothing to prevent other wholesalers, or any other person who may be inclined to do so, from buying the goods from the retailer for purposes of redistribution. In this way, goods may pass through innumerable hands, provided only that the journey is progressive and not regressive, under conditions as much or more conducive to contamination than if they were returned to the wholesaler in the first instance.

A law may fail to accomplish some of the purposes sought to be attained by it and still be constitutional, but it cannot arbitrarily say that a single person in a class shall be prohibited from doing objectionable acts and leave all other persons in the class, engaged in similar trade, free to do them. Such legislation is unreasonable, arbitrary, and discriminatory, and must be held unconstitutional. \* \* \*

## DEATHS DURING WEEK ENDED DEC. 1, 1934

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce

	Week ended Dec. 1, 1934	Correspond- ing week, 1933
<b>Data from 86 large cities of the United States:</b>		
Total deaths.....	7,802	8,150
Deaths per 1,000 population, annual basis.....	10.9	11.4
Deaths under 1 year of age.....	535	560
Deaths under 1 year of age per 1,000 estimated live births.....	50	47
Deaths per 1,000 population, annual basis, first 48 weeks of year.....	11.3	10.9
<b>Data from industrial insurance companies:</b>		
Policies in force.....	67,063,893	67,366,613
Number of death claims.....	11,133	11,301
Death claims per 1,000 policies in force, annual rate.....	8.7	8.7
Death claims per 1,000 policies, first 48 weeks of year, annual rate.....	9.8	9.7

<sup>1</sup> Data for 81 cities.

# PREVALENCE OF DISEASE

*No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring*

## UNITED STATES

### CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Weeks Ended Dec. 8, 1934, and Dec. 9, 1933

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Dec. 8, 1934, and Dec. 9, 1933

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933
<b>New England States:</b>								
Maine.....	4	4	1	6	14	1	0	0
New Hampshire.....	2	4			9	104	0	0
Vermont.....	3	1				113	0	0
Massachusetts.....	17	33			117	556	2	1
Rhode Island.....	3				3	8	0	0
Connecticut.....	3	5	1	10	272	10	0	0
<b>Middle Atlantic States:</b>								
New York.....	47	51	158	122	930	537	7	10
New Jersey.....	29	19	43	22	53	48	0	4
Pennsylvania.....	70	56			875	249	5	1
<b>East North Central States:</b>								
Ohio.....	106	87	12	5	128	85	3	0
Indiana.....	49	98	41	27	185	31	1	2
Illinois.....	62	58	21	19	686	33	3	7
Michigan.....	15	15	2	9	161	50	0	2
Wisconsin.....	9	19	5	40	140	135	1	4
<b>West North Central States:</b>								
Minnesota.....	18	6			219	39	1	0
Iowa.....	9	11	4	1	600	2	2	0
Missouri.....	42	83	51	9	95	92	0	1
North Dakota.....	2	6			49	28	1	0
South Dakota.....	1	38	1		66	298	0	0
Nebraska.....	19	4			103	13	0	2
Kansas.....	6	38		4	240	45	2	3
<b>South Atlantic States:</b>								
Delaware.....				3	1		0	1
Maryland.....	22	27	8	32	134	8	0	0
District of Columbia.....	11	10		2	5	31	0	0
Virginia.....	75	81			164	45	2	3
West Virginia.....	40	64	25	65	245	7	1	4
North Carolina.....	74	86	18	16	355	470	2	2
South Carolina.....	14	28	278	569	1	91	0	0
Georgia.....	23	26				375	0	0
Florida.....	19	9	2	2	5		0	0

See footnotes at end of table.

*Cases of certain communicable diseases reported by telegraph by State health officers  
for weeks ended Dec. 8, 1934, and Dec. 9, 1933—Continued*

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933
<b>East South Central States:</b>								
Kentucky.....	64	72	38	—	149	5	1	3
Tennessee.....	54	51	42	47	23	153	1	2
Alabama.....	31	40	60	95	126	54	2	0
Mississippi.....	20	16	—	—	—	—	1	0
<b>West South Central States:</b>								
Arkansas.....	15	26	13	32	2	116	1	0
Louisiana.....	38	24	14	22	8	10	0	0
Oklahoma.....	22	63	60	48	3	63	0	3
Texas.....	79	250	131	197	18	70	6	0
<b>Mountain States:</b>								
Montana.....	17	3	0	16	66	2	0	1
Idaho.....	1	1	—	—	3	20	0	0
Wyoming.....	2	—	—	—	10	14	0	0
Colorado.....	14	12	—	37	322	5	2	0
New Mexico.....	3	4	2	—	122	61	0	0
Arizona.....	1	4	26	6	5	6	0	0
Utah.....	—	—	—	3	14	233	0	0
<b>Pacific States:</b>								
Washington.....	1	5	—	5	75	111	0	5
Oregon.....	—	9	37	16	14	21	0	0
California.....	43	42	46	44	124	167	3	1
<b>Total.....</b>	<b>1, 199</b>	<b>1, 589</b>	<b>1, 046</b>	<b>1, 431</b>	<b>6, 939</b>	<b>4, 615</b>	<b>50</b>	<b>62</b>

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933
<b>New England States:</b>								
Maine.....	0	0	13	9	0	0	14	0
New Hampshire.....	0	0	16	5	0	0	0	2
Vermont.....	0	0	7	4	0	0	0	0
Massachusetts.....	0	3	153	183	0	0	2	6
Rhode Island.....	0	0	12	18	0	0	0	0
Connecticut.....	0	1	36	76	0	0	1	0
<b>Middle Atlantic States:</b>								
New York.....	3	8	466	484	0	0	13	11
New Jersey.....	1	2	135	136	0	0	1	4
Pennsylvania.....	0	4	600	459	0	0	31	11
<b>East North Central States:</b>								
Ohio.....	6	0	524	623	0	0	4	11
Indiana.....	0	1	157	190	1	5	1	2
Illinois.....	0	0	554	409	2	2	26	16
Michigan.....	3	1	286	335	0	4	9	7
Wisconsin.....	6	1	382	119	32	37	3	1
<b>West North Central States:</b>								
Minnesota.....	0	0	122	58	14	0	1	5
Iowa.....	0	2	67	100	2	8	3	4
Missouri.....	0	0	97	159	0	1	15	4
North Dakota.....	0	0	41	48	0	0	0	6
South Dakota.....	0	0	23	30	3	1	0	0
Nebraska.....	0	0	40	70	8	2	1	5
Kansas.....	0	0	63	123	1	1	1	1
<b>South Atlantic States:</b>								
Delaware.....	0	0	5	15	0	0	0	1
Maryland.....	1	0	92	106	0	0	4	11
District of Columbia.....	0	0	24	17	0	0	0	2
Virginia.....	1	0	92	154	3	0	14	15
West Virginia.....	1	0	149	150	0	1	14	13
North Carolina.....	2	0	124	137	0	0	6	8
South Carolina.....	0	2	5	12	0	0	0	9
Georgia.....	0	0	12	17	0	0	4	9
Florida.....	0	1	10	3	0	0	0	0

See footnotes at end of table.

*Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Dec. 8, 1934, and Dec. 9, 1933—Continued*

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933	Week ended Dec. 8, 1934	Week ended Dec. 9, 1933
<b>East South Central States:</b>								
Kentucky.....	0	0	101	99	0	0	16	13
Tennessee.....	0	0	88	91	3	4	13	13
Alabama <sup>1</sup> .....	1	0	30	35	0	0	2	3
Mississippi <sup>1</sup> .....	0	0	30	33	0	1	9	3
<b>West South Central States:</b>								
Arkansas.....	0	0		42	0	3	5	1
Louisiana <sup>1</sup> .....	3	1	17	30	0	1	16	24
Oklahoma <sup>1</sup> .....	0	0	36	41	2	1	17	17
Texas <sup>1</sup> .....	4	0	43	150	6	6	21	42
<b>Mountain States:</b>								
Montana.....	0	0	14	21	0	0	1	3
Idaho.....	0	0	5	11	0	0	1	1
Wyoming.....	0	0	16	2	10	0	4	0
Colorado.....	0	0	131	17	0	7	0	3
New Mexico.....	0	0	32	32	0	0	7	9
Arizona.....	0	0	17	11	0	0	1	5
Utah <sup>1</sup> .....	0	0	38	14	0	0	0	3
<b>Pacific States:</b>								
Washington.....	3	3	55	41	30	6	0	10
Oregon.....	0	0	58	41	1	3	2	2
California.....	21	7	228	221	0	13	10	36
<b>Total.....</b>	<b>56</b>	<b>37</b>	<b>5,246</b>	<b>5,181</b>	<b>118</b>	<b>107</b>	<b>203</b>	<b>348</b>

<sup>1</sup> New York City only.

<sup>2</sup> Week ended earlier than Saturday.

<sup>3</sup> Typhus fever, week ended Dec. 8, 1934, 11 cases, as follows: North Carolina, 1; Georgia, 4; Alabama, 1; Louisiana, 2; Texas, 3.

<sup>4</sup> Dengue, week ended Dec. 8, 1934, 81 cases in Georgia.

<sup>5</sup> Exclusive of Oklahoma City and Tulsa.

### SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week.

State	Menin- gococ- cus menin- gitis	Diph- theria	Influ- enza	Malaria	Measles	Pel- lagra	Pollo- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
<b>November 1934</b>										
Arkansas.....		64	131	106	13	8		57	8	37
Connecticut.....		17	7		793		0	164	0	3
Delaware.....		5	1		1		0	26	0	3
District of Columbia.....	1	51	2		6	5	0	113	0	3
Georgia.....	2	189	219	501	9	16	1	112	0	22
Maine.....		7	3		76		1	90	0	15
Massachusetts.....	2	54		7	326		7	599	0	11
Nebraska.....	1	60	6		33		6	143	18	6
North Carolina.....	5	348	19		381	20	3	465	0	19
Vermont.....		11			10		0	64	0	8



November 1934		November 1934—Continued		November 1934—Continued	
	Cases		Cases		Cases
Actinomycosis:		Lead poisoning:		Septic sore throat—Con.	
Maine.....	1	Connecticut.....	1	Massachusetts.....	9
Anthrax:		Massachusetts.....	1	North Carolina.....	12
Georgia.....	1	Lethargic encephalitis:		Trachoma:	
Chicken pox:		Connecticut.....	2	Georgia.....	9
Arkansas.....	50	Massachusetts.....	3	Massachusetts.....	2
Connecticut.....	529	Mumps:		Trichinosis:	
Delaware.....	46	Arkansas.....	28	Connecticut.....	6
District of Columbia.....	90	Connecticut.....	81	Massachusetts.....	14
Georgia.....	48	Delaware.....	6	Tularaemia:	
Maine.....	258	Georgia.....	16	Georgia.....	5
Massachusetts.....	1,324	Maine.....	6	Typhus fever:	
Nebraska.....	208	Massachusetts.....	183	Georgia.....	19
North Carolina.....	238	Nebraska.....	51	North Carolina.....	2
Vermont.....	259	Vermont.....	14	Undulant fever:	
Dengue:		Ophthalmia neonatorum:		Connecticut.....	8
Georgia.....	684	Massachusetts.....	32	Georgia.....	1
Dysentery:		Paratyphoid fever:		Maine.....	1
Connecticut (bacillary).....	10	Connecticut.....	1	Massachusetts.....	3
Georgia (amoebic).....	5	Georgia.....	1	Vermont.....	1
Georgia (bacillary).....	7	Massachusetts.....	1	Vincent's infection:	
Massachusetts (amoebic).....	2	Rabies in animals:		Maine.....	6
Massachusetts (bacillary).....	9	Connecticut.....	1	Whooping cough:	
German measles:		Massachusetts.....	19	Arkansas.....	113
Connecticut.....	4	Rocky Mountain spotted fever:		Connecticut.....	276
Maine.....	54	Georgia.....	1	Delaware.....	17
Massachusetts.....	102	North Carolina.....	1	District of Columbia.....	36
North Carolina.....	7	Septic sore throat:		Georgia.....	54
Hookworm disease:		Connecticut.....	12	Maine.....	146
Georgia.....	1,279	Georgia.....	38	Massachusetts.....	642
		Maine.....	1	Nebraska.....	29
				North Carolina.....	928
				Vermont.....	143

## WEEKLY REPORTS FROM CITIES

City reports for week ended Dec. 1, 1934

[This table summarizes the reports received regularly from a selected list of 121 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table. Weekly reports are received from about 700 cities, from which the data are tabulated and filed for reference.]

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Maine:											
Portland.....	0	0	0	0	6	3	0	2	0	5	31
New Hampshire:											
Concord.....	0	0	0	0	1	0	0	0	0	0	12
Nashua.....	0	0	0	0	0	0	0	0	0	0	—
Vermont:											
Barre.....	0	0	0	0	0	0	0	2	0	0	5
Burlington.....	1	0	0	0	0	1	0	0	0	0	9
Massachusetts:											
Boston.....	2	1	3	11	23	0	18	0	28	204	
Fall River.....	0	0	14	3	1	0	0	0	3	34	
Springfield.....	0	0	3	1	14	0	1	0	3	27	
Worcester.....	1	0	0	7	7	0	0	0	14	42	
Rhode Island:											
Pawtucket.....	0	0	0	1	0	0	0	0	0	0	19
Providence.....	1	1	1	3	18	0	3	0	6	50	
Connecticut:											
Bridgeport.....	0	0	0	1	3	0	2	0	0	36	
Hartford.....	0	0	0	0	0	0	0	0	0	0	
New Haven.....	0	1	0	6	3	0	0	0	0	39	
New York:											
Buffalo.....	0	0	36	14	37	0	4	0	13	122	
New York.....	43	42	12	25	131	123	0	64	2	243	1,303
Rochester.....	0	0	71	1	13	0	2	1	7	71	
Syracuse.....	0	0	0	2	5	0	0	0	19	48	
New Jersey:											
Camden.....	0	2	0	0	2	6	0	2	0	8	30
Newark.....	0	9	0	3	9	10	0	7	0	39	92
Trenton.....	0	1	0	3	1	15	0	1	0	2	28
Pennsylvania:											
Philadelphia.....	13	22	2	5	34	78	0	20	2	156	437
Pittsburgh.....	6	2	2	26	15	46	0	7	0	11	148
Reading.....	2	0	3	0	4	4	0	1	0	10	83
Scranton.....	0	0	5	0	4	0	0	0	10	—	

## City reports for week ended Dec. 1, 1934—Continued

State and city	Diph- theria cases	Influenza		Meas- les cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
<b>Ohio:</b>											
Cincinnati.....	13	1	3	3	2	27	0	5	0	4	113
Cleveland.....	15	15	1	4	19	25	0	5	1	30	179
Columbus.....	12	2	2	11	1	27	0	5	0	0	85
Toledo.....	2		0	10	3	10	0	1	0	9	64
<b>Indiana:</b>											
Fort Wayne.....	2		0	0	4	10	0	1	0	0	34
Indianapolis.....	11		0	0	15	16	0	4	1	5	105
South Bend.....	1		0	34	2	0	0	0	0	0	17
Terre Haute.....	1		0	0	2	2	0	1	0	0	18
<b>Illinois:</b>											
Chicago.....	16	11	5	62	50	236	0	38	1	41	642
Springfield.....											
<b>Michigan:</b>											
Detroit.....	5	12	1	31	15	87	0	18	0	39	251
Flint.....	2		0	0	1	10	0	0	0	6	30
Grand Rapids.....	0		0	2	1	14	0	1	0	6	28
<b>Wisconsin:</b>											
Kenosha.....	0		0	0	0	7	0	0	0	6	4
Milwaukee.....	2		0	27	4	188	0	1	0	61	89
Racine.....	1		0	0	1	6	0	0	0	4	14
Superior.....	0		0	1	0	2	0	0	0	0	12
<b>Minnesota:</b>											
Duluth.....	0		0	69	2	0	0	1	0	0	18
Minneapolis.....	2		2	79	7	29	0	1	0	9	102
St. Paul.....	1	1	1	3	10	10	0	1	0	14	63
<b>Iowa:</b>											
Davenport.....	0			1		0	0		0	0	
Des Moines.....	2			0		5	0		0	0	27
Sioux City.....	0			2		1	0		0	2	
Waterloo.....	2			147		3	0		0	0	
<b>Missouri:</b>											
Kansas City.....	1		0	0	7	16	0	2	0	1	82
St. Joseph.....	0		0	1	3	4	0	0	0	0	56
St. Louis.....	24	1		2	12	18	0	6	1	7	201
<b>North Dakota:</b>											
Fargo.....	0		1	1	1	3	0	0	0	16	7
Grand Forks.....	0			0		4	0		0	0	
<b>South Dakota:</b>											
Aberdeen.....	1		0	8		0	3		0	7	
<b>Nebraska:</b>											
Omaha.....	8		0	2	2	11	0	1	0	2	51
<b>Kansas:</b>											
Topeka.....	0		0	0	5	0	0	0	0	1	15
Wichita.....	1		0	1	6	0	0	0	0	1	26
<b>Delaware:</b>											
Wilmington.....	0		0	1	0	1	0	0	0	0	39
<b>Maryland:</b>											
Baltimore.....	3	5	1	5	14	37	0	5	1	18	194
Cumberland.....	0		0	3	1	1	0	0	0	0	7
Frederick.....	0		0	0	0	2	0	0	0	0	6
<b>District of Columbia:</b>											
Washington.....	6		0	2	8	26	0	11	1	4	150
<b>Virginia:</b>											
Lynchburg.....	5		0	5	0	2	0	1	0	3	10
Norfolk.....	2		0	0	3	14	0	0	0	22	25
Richmond.....	2		0	1	2	6	0	5	0	1	59
Roanoke.....	3		0	0	1	10	0	0	0	0	19
<b>West Virginia:</b>											
Charleston.....	2		0	4	3	2	0	1	0	0	16
Huntington.....	1			0		3	0		1	0	
Wheeling.....	0		1	0	1	16	0	0	0	3	19
<b>North Carolina:</b>											
Wilmington.....	1		0	0	1	0	0	0	1	0	6
Winston-Salem.....	1		0	0	1	3	0	1	1	21	18
<b>South Carolina:</b>											
Charleston.....	0	11	1	0	3	4	0	3	0	0	24
Greenville.....	0		0	0	4	0	0	0	0	0	14
<b>Georgia:</b>											
Atlanta.....	6	13	4	1	7	5	0	5	0	8	81
Brunswick.....	0		0	0	2	0	0	0	0	0	5
Savannah.....	1	19	0	0	6	2	0	2	0	2	38
<b>Florida:</b>											
Miami.....	1		0	0	2	1	0	0	0	0	22
Tampa.....	3	1	1	0	2	1	0	2	0	1	33
<b>Kentucky:</b>											
Ashland.....	1			0		0	0		0	0	
Lexington.....	4		0	0	2	0	0	0	0	0	21
Louisville.....	14	3	0	1	7	10	0	2	0	2	46

## City reports for week ended Dec. 1, 1934—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Tennessee:											
Memphis.....	1		1	0	7	6	0	3	1	6	77
Nashville.....	5		1	0	4	10	0	5	0	4	58
Alabama:											
Birmingham.....	6		0	3	4	8	0	2	0	4	62
Mobile.....	3		3	0	9	0	0	3	0	0	39
Montgomery.....	0			1		0	0		0	0	
Arkansas:											
Little Rock.....	1		0	0	0	2	0	2	0	0	2
Louisiana:											
New Orleans.....	17		7	1	16	11	0	19	0	0	170
Shreveport.....	0		0	0	5	1	0	0	0	0	37
Oklahoma:											
Oklahoma City.....	1	8	0	0	5	1	0	1	0	0	48
Texas:											
Dallas.....	11	1	1	0	7	7	1	1	0	0	61
Fort Worth.....	2		0	0	3	5	0	4	0	0	29
Galveston.....	4		0	0	1	0	0	0	0	0	13
Houston.....	7	0	1	0	6	1	0	3	0	0	62
San Antonio.....	1		1	0	3	1	0	1	0	0	51
Montana:											
Billings.....	6		0	4	0	1	0	0	0	0	5
Great Falls.....	0		0	0	2	0	0	0	0	0	8
Helena.....	0		0	2	0	1	0	0	0	0	6
Missoula.....	0		0	0	2	0	0	0	0	0	6
Idaho:											
Boise.....	0		0	0	0	1	0	0	0	1	8
Colorado:											
Denver.....	3	57	2	84	9	84	0	4	0	4	84
Pueblo.....	0		0	0	2	4	0	0	0	0	6
New Mexico:											
Albuquerque.....	1	1	0	0	0	1	0	1	0	2	10
Utah:											
Salt Lake City.....	1		0	37	2	25	0	1	0	27	34
Nevada:											
Reno.....	0		0	0	0	0	0	0	0	0	2
Washington:											
Seattle.....	0		0	2	2	3	1	2	0	1	79
Spokane.....	0	1	1	8	1	2	0	1	0	1	25
Tacoma.....	0		1	0	2	5	13	0	0	1	31
Oregon:											
Portland.....	0		0	1	6	22	0	0	0	0	70
Salem.....	0		0			0			0	0	
California:											
Los Angeles.....	14	17	1	1	9	39	3	24	0	3	293
Sacramento.....	1		0	0	1	4	0	1	0	0	33
San Francisco.....	2	1	0	4	10	20	0	8	0	10	157

State and city	Meningococcus meningitis		Polio-myelitis cases	State and city	Meningococcus meningitis		Polio-myelitis cases
	Cases	Deaths			Cases	Deaths	
Massachusetts:				Missouri:			
Boston.....	2	0	0	St. Joseph.....	1	0	0
Connecticut:				St. Louis.....	2	0	0
New Haven.....	1	0	0	Kansas:			
New York:				Topeka.....	0	0	1
New York.....	1	0	3	Kentucky:			
Pennsylvania:				Lexington.....	0	0	1
Scranton.....	1	0	0	Colorado:			
Ohio:				Denver.....	0	1	0
Cincinnati.....	0	1	1	Utah:			
Cleveland.....	0	0	1	Salt Lake City.....	1	0	0
Illinois:				Oregon:			
Chicago.....	4	0	1	Portland.....	0	1	0
Iowa:				California:			
Des Moines.....	1	0	0	Los Angeles.....	1	0	5
Sioux City.....	1	0	0	Sacramento.....	0	0	1

Dengue.—Cases: Savannah, 72; Miami, 3.

Lethargic encephalitis.—Cases: New York, 1; San Francisco, 1.

Pellagra.—Cases: Washington, 1; Winston-Salem, 3; Charleston, S. C., 1; Atlanta, 2; New Orleans, 2; Los Angeles, 2; San Francisco, 1.

Rabies in man: New Orleans, 1 death.

Typhus fever.—Cases: Birmingham, 1; San Antonio, 1.

## FOREIGN AND INSULAR

### AUSTRALIA

*Infectious diseases—January-June 1934.*—During the period January to June 1934, cases of infectious diseases were reported in Australia, as follows:

Disease	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	North Territory	Federal Capital Territory	Total
Anthrax			1						1
Beri beri					2		1		3
Cerebrospinal fever	9	14	1		3			1	28
Chicken pox				403					403
Dengue							5		5
Diphtheria	4,350	3,391	895	393	610	252		86	9,977
Dysentery		17		12	18	18			45
Erysipelas				77					77
Hydatid		5							5
Influenza				45			64		109
Leprosy			5						5
Lethargic encephalitis	3	11	2		2	2			20
Malaria		1	988	1			18		1,008
Measles				979				3	982
Mumps				20					20
Pollomyelitis	11	146	5	2	3	7			174
Puerperal fever	144	42	11	26	10	6			239
Scarlet fever	1,253	1,025	314	285	95	201	1	15	3,189
Tetanus		14							14
Trachoma		1							1
Tuberculosis	766	570	105	192	145	67	2	2	1,849
Typhoid fever	99	30	55	13	67	13			277
Typhus fever	3		2	6	47				58
Whooping cough				279				2	281

<sup>1</sup> Bacillary dysentery.

<sup>2</sup> Includes 7 cases of bacillary and 1 case of amoebic dysentery.

### CUBA

*Habana—Communicable diseases—4 weeks ended November 24, 1934.*—During the 4 weeks ended November 24, 1934, certain communicable diseases were reported in Habana, Cuba, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Cancer	1	1	Pollomyelitis	15	1
Diphtheria	1		Scarlet fever	3	
Malaria	143	5	Tuberculosis	45	13
Measles	2		Typhoid fever	19	1

<sup>1</sup> Includes imported cases.

## DENMARK

*Communicable diseases—July–September 1934.*—During the months of July, August, and September, 1934, cases of certain communicable diseases were reported in Denmark as follows:

Disease	July	August	September	Disease	July	August	September
Cerebrospinal meningitis	3	5	4	Paratyphoid fever	15	18	24
Chicken pox	8	8	9	Polio-myelitis	44	324	2,377
Diphtheria and croup	74	178	181	Puerperal fever	18	18	12
Epidemic encephalitis	6	7	7	Scabies	300	667	752
Erysipelas	213	277	278	Scarlet fever	239	419	662
German measles	4	5	4	Syphilis	84	78	78
Gonorrhea	892	1,050	940	Tetanus neonatorum	3	4	3
Influenza	1,895	3,080	5,902	Tetanus, traumatic	2		2
Malaria	7	6	8	Typhoid fever	8	12	5
Measles	214	154	293	Undulant fever (Bact. abort. Bang)	49	59	48
Mumps	305	187	176	Whooping cough	1,434	1,529	1,370
Paratyphoid fever	25	102	60				

## ITALY

*Communicable diseases—4 weeks ended April 29, 1934.*—During the 4 weeks ended April 29, 1934, cases of certain communicable diseases were reported in Italy as follows:

Disease	Apr. 2-8		Apr. 9-15		Apr. 16-22		Apr. 23-29	
	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected
Anthrax	6	6	13	13	9	8	10	9
Cerebrospinal meningitis	10	10	15	14	15	12	14	14
Chicken pox	344	117	347	132	296	131	364	149
Diphtheria and croup	451	250	400	242	396	228	439	241
Dysentery	4	4			8	4	11	4
Lethargic encephalitis	1	1	3	3	4	4	2	2
Measles	2,461	355	2,620	370	2,502	389	3,064	438
Polio-myelitis	10	10	15	14	15	13	6	6
Scarlet fever	220	94	224	95	257	107	213	88
Typhoid fever	175	109	169	113	185	136	220	150

## JAMAICA

*Communicable diseases—4 weeks ended December 1, 1934.*—During the 4 weeks ended December 1, 1934, cases of certain communicable diseases were reported in Kingston, Jamaica, and in the island outside of Kingston, as follows:

Disease	Kingston	Other localities	Disease	Kingston	Other localities
Cerebrospinal meningitis		2	Puerperal fever		2
Chicken pox		13	Scarlet fever	1	
Dysentery	17	8	Tuberculosis	30	83
Erysipelas		1	Typhoid fever	20	96
Leprosy		1			



**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER**

(NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the PUBLIC HEALTH REPORTS for Nov. 30, 1934, pp. 1438-1452. A similar cumulative table will appear in the PUBLIC HEALTH REPORTS to be issued Dec. 28, 1934, and thereafter, at least for the time being, in the issue published on the last Friday of each month.)

**Cholera**

*India—Bassein.*—During the week ended December 1, 1934, 1 case of cholera was reported in Bassein, India.

**Plague**

*Belgian Congo.*—During the week ended November 10, 1934, 7 cases of plague with 7 deaths were reported at Blukwa, and 1 case of plague with 1 death at Fataki, Belgian Congo.

*Brazil—Ceara State.*—On December 8, 1934, 2 cases of plague with other suspected cases of plague were reported in Ceara State, Brazil.

*China—Manchuria.*—A report dated October 30, 1934, states that from June 1 to October 25, 1934, deaths from plague were reported in Manchuria, China, as follows: Fengtien Province; Tungliao, 41 deaths, Liaoyuan, 30, Shuangshan, 21; Kirin Province; Nungan, 168; Fuyu, 32, Changling, 12; Chienan, 26; Hsinking City, 1 death.

*Union of South Africa—Orange Free State.*—During the week ended October 20, 1934, 2 cases of plague, one of which was fatal, were reported on the farm Sebata, 8 miles west of Thaba 'Nchu town, Orange Free State, Union of South Africa.

**Smallpox**

*Brazil—Sergipe State.*—A report dated November 8, 1934, states that smallpox had appeared in the cities of Propria, and Villa Nova, Sergipe State, Brazil, and at various places along the San Francisco River adjoining these cities. Vaccination posts had been established in the affected places.

**Typhus fever**

*Egypt—Cairo.*—During the week ended November 24, 1934, 1 case of typhus fever was reported at Cairo, Egypt.